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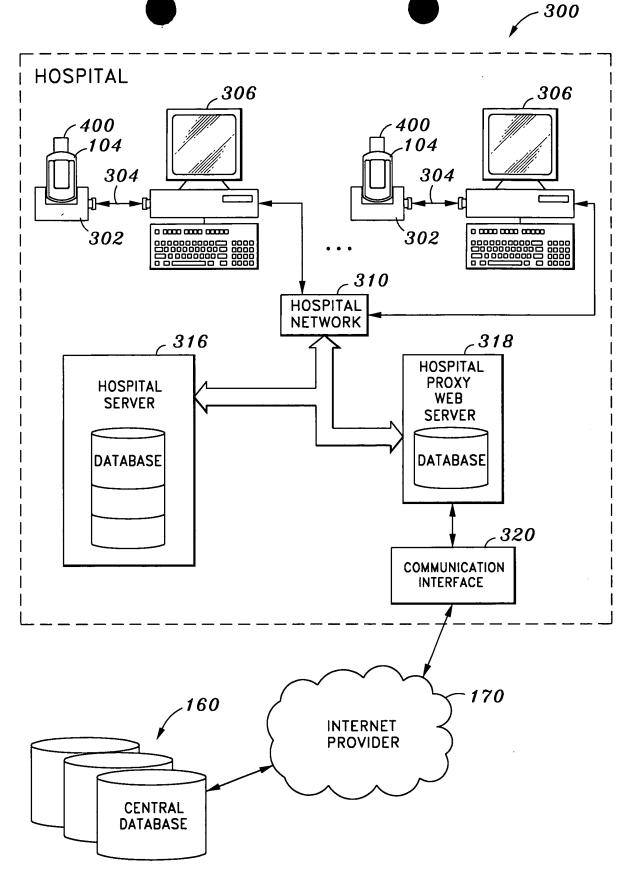


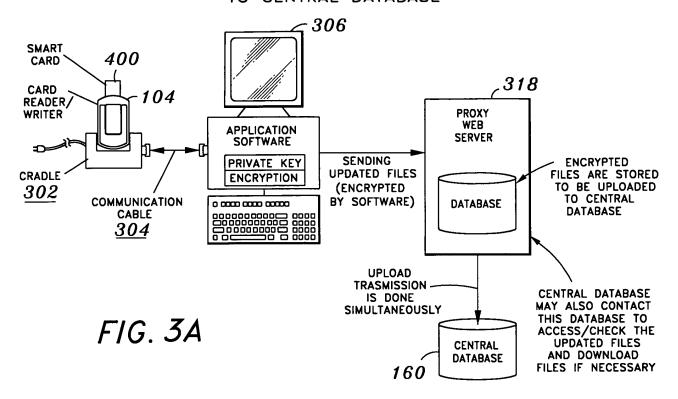
FIG. 3







SENDING UPDATED RECORDS (FILES) TO CENTRAL DATABASE



RECEIVING UPDATED RECORDS (FILES) FROM CENTRAL DATABASE AS NEEDED TO UPDATE PATIENT INFORMATION RECORDS

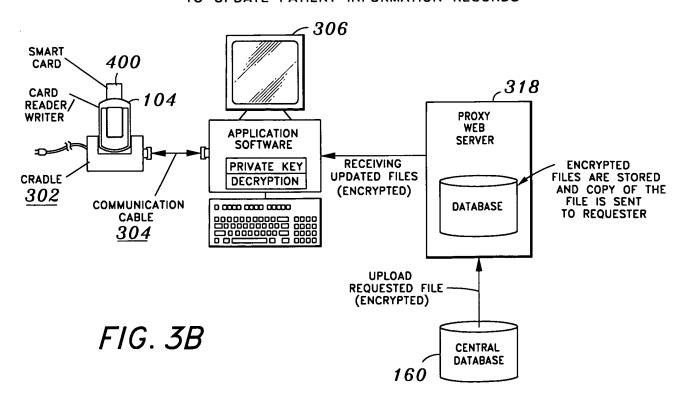


FIG. 4

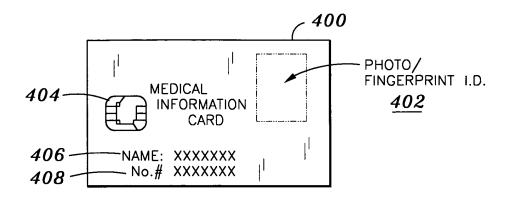
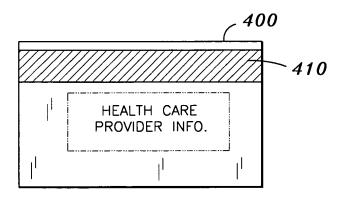


FIG. 5



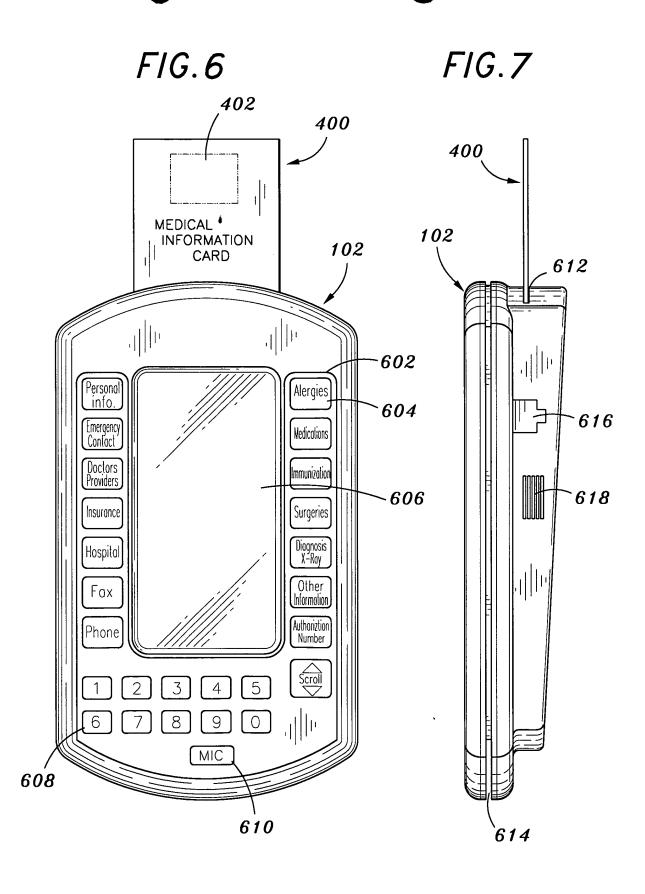
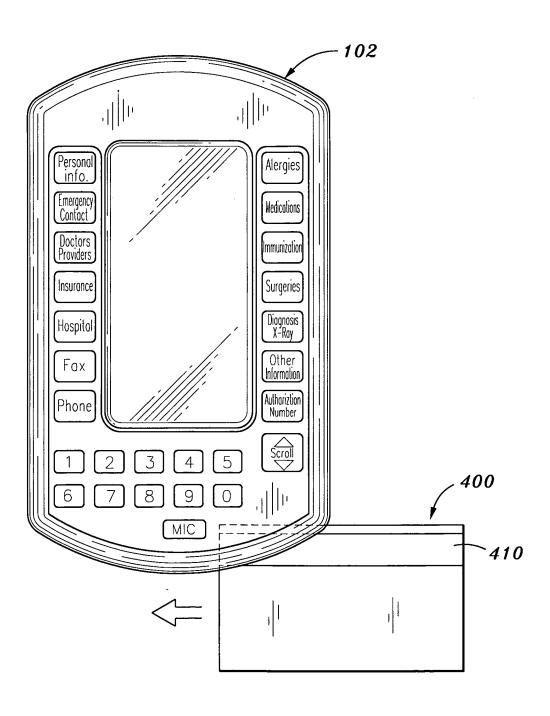
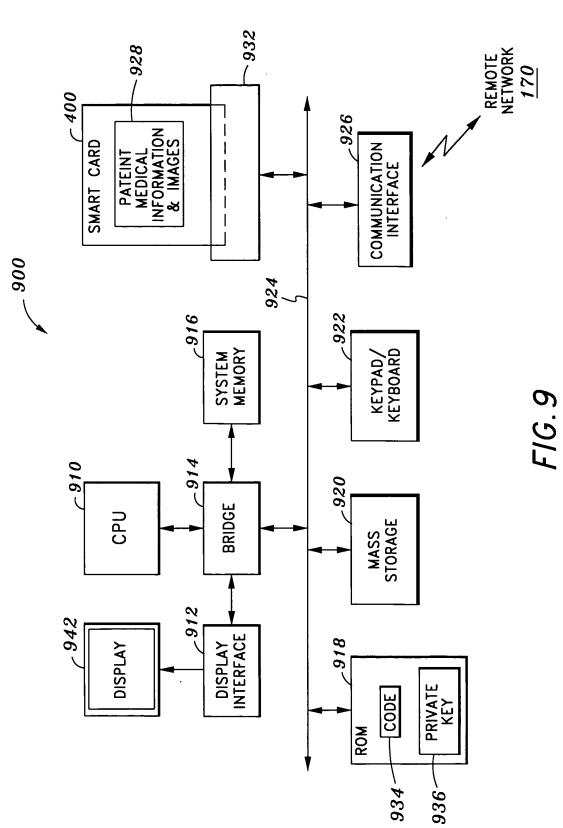


FIG. 8





	lons Insurance Infor			entre e
		Current Medications Health Co		
		A reason - Hookest stratific	auti mergioo.	
Last Name:		First Name:	Middle Initial:	
Social Secui	rity Number:	Date of Birth:	/ Male	0
- 			Female	9
Street Add	reset			
	033.			
City:		State: Zipi Cod		
Н	ome Phone:	Work Phone:		

FIG. 10

		information dures Gurra	rt Medications	Health Care Provid	ler I		
Current Medications			The second secon				TELEVISION
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Comments					Other	Medicationa	l.

FIG. 11

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Diagnoses Surgi	cal Procedures Curr	ent Medications	Health Care Provid		
Personal Information	Emergency Contect	Medical - Hosp	tital Information A	orpies	
Immunizations Insure	nce Information Upd	ates .	प्रणाद्यच्या धानस्य र र र र र स्थानस्य		
-Primary insurance		- Garage			
Company Name:	<u> </u>		Policy Number:	ſ	
Group Number:		Phone:	Pre-Ce	rt Phone:	
Address:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City:	Ste	rte:	p Code:		
-Guarartor -					
Policy Holder:	The state of the s		sspt		V in the second
Phone:		Employer:			
Secondary Insurance		-			
Company Name:		-	Phone		
Policy Number:		Group Numb	er.	\$. L	

FIG. 12

Immunizations Insura	nce Information Updates		, 1 ⁴⁶	
Diegnosas Surgical Pro	cedures Current Medication	Health Care Provider		Sanda Sa
Personal Information Sme	rgancy Cortact Moddel - H	pepter intermetion Allergie		
Hospital Preference: Lest Hospital Admitted;				
Admission Date:	5 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x		Company of the Compan	
Organ Donor Living Will Verified	Blood Type: Comments:			
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FIG. 13

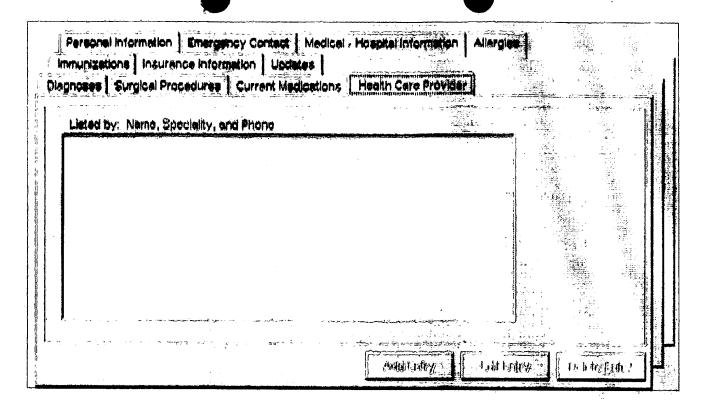


FIG. 14

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FIG. 15

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immunizations	Insuren	ce Information	Upda	tes			1		200	
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Hepatitis B	11		Hilb	Ţ	1	∏ Va	rio cilo	11		
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DTaP	11		Polio	17		₽ Pne	umovax	11		
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FIG. 16

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FIG. 17

Immunization Diagnoses	Surgical Proced	information ures Curren	Medications He	allh Care Pro	lder]	
ersonal Inform	ation Emerger	cy Contact	Medical - Hospital Ir	ntormetion 3	ligingles	
Last Name:		The second secon	Middle Initial:			
Pirat Name			Relationship,			*
	Construction of the Constr	Commission of the Commission o	Control State of Control Con	ි. - දෙන්		
Home Phone:	o a	Work F	mohe: .			7.47 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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					10 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17	

FIG. 18

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FIG. 19

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FIG. 20